

Case Number:	CM14-0162248		
Date Assigned:	10/07/2014	Date of Injury:	12/20/2011
Decision Date:	11/07/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/02/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a female with date of injury 12/20/2011. Per primary treating physician's progress report dated 8/21/2014, the injured worker complains of low back pain with radiculopathy to lower extremity. Pain is rated at 2/10. She also complains of sleep issues secondary to industrial injury. She is compliant with home exercise program and uses TENS. Flexeril helped her in the past with pain and sleep. History of depression disorder due to low back pain with radiculopathy to lower extremity has improved with cognitive behavioral therapy. On examination she has abnormal gait. There is tenderness to palpation. Diagnoses include 1) lumbar discogenic syndrome 2) lumbosacral or thoracic neuritis or radiculitis 3) poor coping 4) myofascial pain 5) lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Functional Capacity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening section Page(s): 125, 126. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Chapter, Functional Capacity Evaluation (FCE) section

Decision rationale: The MTUS Guidelines state that a functional capacity evaluation (FCE) may be required for admission to a work hardening program, but do not provide specific recommendations regarding the FCE alone. The ODG recommends the use of FCE prior to admission to a work hardening program. The ODG provides specific guidelines for performing an FCE and state to consider an FCE if: 1) case management is hampered by complex issues such as: prior unsuccessful RTW attempts; conflicting medical reporting on precautions and/or fitness for modified job; injuries that require detailed exploration of a worker's abilities 2) timing is appropriate: close or at MMI/all key medical reports secured; additional/secondary conditions clarified. It is recommended to not proceed with an FCE if: 1) the sole purpose is to determine a worker's effort or compliance 2) the worker has returned to work and an ergonomic assessment has not been arranged. The requesting provider explains that a functional capacity evaluation is desired to objectively evaluate restrictions. The injured worker is reportedly returning to school. She is continuing her home exercise program, and uses walking, stationary bike, and the pool for exercise. It is reported that the injured worker wants to return to work, but it is not reported if she is working or if she has any limitations or restrictions. The clinical evaluation does not describe the injured worker to have any functional limitations or difficulty in returning to work. Her pain is rated 2/10, she has tenderness to palpation and an abnormal gait. Functionally she is exercising in a home exercise program, and no limitation in her functional ability is described. Medical necessity of this request has not been established. The request Functional Capacity Evaluation is determined to not be medically necessary.